

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10753455

FILING DATE 12-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		2				
18	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						